

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Maggie's List

ADDRESS (number and street)

6675 Weeping Willow Way

☐ Check if different  
than previously  
reported. (ACC)

Tallahassee

FL

32311

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00469023

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nancy H. Watkins, Assistant Treasurer

Signature of Treasurer

Nancy H. Watkins, Assistant Treasurer

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Maggie's List

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		18		2012

To:

M M	/	D D	/	Y Y Y Y Y
11		26		2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2012</td></tr></table>	Y	Y	Y	Y	Y	2012						<table><tr><td colspan="5">49564.77</td></tr></table>	49564.77				
Y	Y	Y	Y	Y													
2012																	
49564.77																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">43394.62</td></tr></table>	43394.62															
43394.62																	
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="5">9640.00</td></tr></table>	9640.00					<table><tr><td colspan="5">121882.00</td></tr></table>	121882.00									
9640.00																	
121882.00																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">53034.62</td></tr></table>	53034.62					<table><tr><td colspan="5">171446.77</td></tr></table>	171446.77									
53034.62																	
171446.77																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">22137.01</td></tr></table>	22137.01					<table><tr><td colspan="5">140549.16</td></tr></table>	140549.16									
22137.01																	
140549.16																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="5">30897.61</td></tr></table>	30897.61					<table><tr><td colspan="5">30897.61</td></tr></table>	30897.61									
30897.61																	
30897.61																	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**Maggie's List**

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
10		18		2012

To:

M M	/	D D	/	Y Y Y Y Y Y
11		26		2012

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

(a) Individuals/Persons Other  
Than Political Committees

(i) Itemized (use Schedule A).....

4145.00

82495.00

(ii) Unitemized .....

3495.00

15887.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

7640.00

98382.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

2000.00

23500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

9640.00

121882.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) ..... ▶

9640.00

121882.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

9640.00

121882.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	6062.01	65644.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	6062.01	65644.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16075.00	74905.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	22137.01	140549.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22137.01	140549.16

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	9640.00	121882.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9640.00	121882.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	6062.01	65644.16
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	6062.01	65644.16

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: F3XN  
Transaction ID :

No expenditure, other than a direct contribution, was made on behalf of a specifically identified federal candidate. No expenditure was for a public communication that referred to a clearly identified candidate for Federal office and that promoted, supported, attacked or opposed any such candidate for Federal office.

Form/Schedule:  
Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Maggie's List**

Full Name (Last, First, Middle Initial)

## **A. Deborah Cox-Roush**

Mailing Address 5710 Heronpark Place

City State Zip Code  
 Lithia FL 33547

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

11 / 05 / 2012

Transaction ID : SA11AI.6089

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **B. Deborah J. Daniels**

Mailing Address 7304 Riley Court

City State Zip Code  
 Indianapolis IN 46250

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Krieg Devault, LLP

Occupation

attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 20 / 2012

Transaction ID : SA11AI.6036

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **c. Christine T. Dudley**

Mailing Address 3000 N. Sheridan, #18D

City State Zip Code  
 Chicago IL 60657

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 20 / 2012

Transaction ID : SA11AI.6044

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

775.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Maggie's List**

Full Name (Last, First, Middle Initial)

**A. Cynthia L. England**

Mailing Address 4544 Post Oak Place Drive

City State Zip Code  
Houston TX 77027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jess H. Young Co., C.P.A.'s

Occupation

accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 26 / 2012

Transaction ID : SA11AI.6070

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Karen S. Evans**

Mailing Address 218 Firefly Lane

City State Zip Code  
Martinsburg WV 25403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

n/a

Occupation

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2012

Transaction ID : SA11AI.6052

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Janet A. Holcomb**

Mailing Address 8530 Silverleaf Court

City State Zip Code  
Indianapolis IN 46278

FEC ID number of contributing  
federal political committee.

C

Name of Employer

R & R Engineering

Occupation

vice-president

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2012

Transaction ID : SA11AI.6042

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 18

(check only one)

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NAME OF COMMITTEE (In Full)

Maggie's List

Full Name (Last, First, Middle Initial)

**A. Mary Jean Jensen**

Mailing Address 301 7th Avenue, W.

City State Zip Code  
 Lemmon SD 57638

FEC ID number of contributing federal political committee.

C

Name of Employer

n/a

Occupation

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 29 / 2012

Transaction ID : SA11AI.6078

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Nancy E. Lawton**

Mailing Address 9098 Nautical Watch Drive

City State Zip Code  
 Indianapolis IN 46236

FEC ID number of contributing federal political committee.

C

Name of Employer

HBM Special Needs Corp.

Occupation

occupational therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 20 / 2012

Transaction ID : SA11AI.6040

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Cliff Leonard**

Mailing Address 1318 Windsor Place

City State Zip Code  
 Jacksonville FL 32205

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

sculpter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 19 / 2012

Transaction ID : SA11AI.5952

Amount of Each Receipt this Period

25.00

Earmarked-Deb Fischer for U.S. Senate

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

295.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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PAGE 10 OF 18

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NAME OF COMMITTEE (In Full)

**Maggie's List**

Full Name (Last, First, Middle Initial)

**A. Cliff Leonard**

Mailing Address 1318 Windsor Place

City

Jacksonville

State

FL

Zip Code

32205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

sculpter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

10 / 19 / 2012

Transaction ID : SA11AI.5953

Amount of Each Receipt this Period

25.00

Earmarked-Heather Wilson for Senate

Full Name (Last, First, Middle Initial)

**B. Cliff Leonard**

Mailing Address 1318 Windsor Place

City

Jacksonville

State

FL

Zip Code

32205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

sculpter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

10 / 19 / 2012

Transaction ID : SA11AI.5955

Amount of Each Receipt this Period

25.00

Earmarked-Linda Lingle Senate Committee

Full Name (Last, First, Middle Initial)

**C. Trae Nunnink**

Mailing Address 430 W. 58th Street

City

Kansas City

State

MO

Zip Code

64113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Access Advertising

Occupation

c.e.o.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 22 / 2012

Transaction ID : SA11AI.5961

Amount of Each Receipt this Period

1000.00

Earmarked-Friends of Mia Love

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Maggie's List**

Full Name (Last, First, Middle Initial)

**A. Catherine R. Simmons**

Mailing Address 138 Somerset Court

City

Noblesville

State

IN

Zip Code

46060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2012

**Transaction ID : SA11AI.6038**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Janice O. Williams**

Mailing Address 8000 N. Illinois Street

City

Indianapolis

State

IN

Zip Code

46260

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jan's Specialty Service

Occupation

owner

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 16 / 2012

**Transaction ID : SA11AI.6102**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Martha Zoller**

Mailing Address 4921 Rilla Road, #1200

City

Gainesville

State

GA

Zip Code

30506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cox Media Group

Occupation

broadcaster

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 05 / 2012

**Transaction ID : SA11AI.6088**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1025.00

**TOTAL** This Period (last page this line number only)..... ►

4145.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Maggie's List**

Full Name (Last, First, Middle Initial)

## **A. Trucking PAC of the Amer. Trucking Assoc.**

Mailing Address 430 1st Street, S.E.

City  
Washington

State Zip Code  
DC 20003

FEC ID number of contributing  
federal political committee.

**C** C00002881

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

**11** / **05** / **2012**

**Transaction ID : SA11C.6096**

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

2000.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Maggie's List**

Full Name (Last, First, Middle Initial)

**A. eDonation.com**

Mailing Address 117 N. Saint Asaph Street

City Alexandria      State VA      Zip Code 22314

Purpose of Disbursement  
credit card fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 02 / 2012
**Transaction ID : SB21B.6108**

Amount of Each Disbursement this Period

769.14

Full Name (Last, First, Middle Initial)

**B. Sherlock & Gaines Consulting Group**

Mailing Address 84 Villa Road, 3rd Floor

City Greenville      State SC      Zip Code 29615

Purpose of Disbursement  
fundraising consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 15 / 2012
**Transaction ID : SB21B.6100**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Shorey Public Relations**

Mailing Address 2406 Ellingham

City Wichita Falls      State TX      Zip Code 76308

Purpose of Disbursement  
PAC management

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2012
**Transaction ID : SB21B.5962**

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5269.14

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

Maggie's List

Full Name (Last, First, Middle Initial)

**A. Shorey Public Relations**

Mailing Address 2406 Ellingham

City  
Wichita FallsState  
TXZip Code  
76308Purpose of Disbursement  
advertising

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:              District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2012

Transaction ID : SB21B.6101

Amount of Each Disbursement this Period

598.00

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:              District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:              District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

598.00

6062.01

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Maggie's List**

Full Name (Last, First, Middle Initial)

**A. Deb Fischer for U.S. Senate, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		18		2012

Mailing Address 317 S. 12th

City	State	Zip Code
Lincoln	NE	68508

**Transaction ID : SB23.5946**Purpose of Disbursement  
contribution

Amount of Each Disbursement this Period

Candidate Name

**Debra S. Fischer**Category/  
Type

5000.00
---------

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NE District:

Full Name (Last, First, Middle Initial)

**B. Deb Fischer for U.S. Senate, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2012

Mailing Address 317 S. 12th

City	State	Zip Code
Lincoln	NE	68508

**Transaction ID : SB23.6061**Purpose of Disbursement  
Cliff Leonard

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

25.00
-------

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NE District:

Full Name (Last, First, Middle Initial)

**C. Friends of Mia Love**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2012

Mailing Address 913 W. Grouse Circle

City	State	Zip Code
Saratoga Springs	UT	84045

**Transaction ID : SB23.5951**Purpose of Disbursement  
contribution

Amount of Each Disbursement this Period

Candidate Name

**Mia Love**Category/  
Type

5000.00
---------

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: UT District: 04

**SUBTOTAL** of Disbursements This Page (optional).....▶

10025.00
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**TOTAL** This Period (last page this line number only).....▶

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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Maggie's List

Full Name (Last, First, Middle Initial)

**A. Friends of Mia Love**

Mailing Address 913 W. Grouse Circle

City	State	Zip Code
Saratoga Springs	UT	84045

Purpose of Disbursement  
Trae Nunnink

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: UT	District: 04

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2012

Transaction ID : SB23.6063

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Kim Dolbow Vann for Congress**

Mailing Address P. O. Box 984

City	State	Zip Code
Willows	CA	95988

Purpose of Disbursement  
contribution

Candidate Name

Kim Dolbow Vann

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: CA	District: 03

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2012

Transaction ID : SB23.5945

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Linda Lingle Senate Committee**

Mailing Address 46-001 Kamehameha Highway, #301

City	State	Zip Code
Kaneohe	HI	96744

Purpose of Disbursement  
Cliff Leonard

Candidate Name

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
State: HI	District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2012

Transaction ID : SB23.6060

Amount of Each Disbursement this Period

25.00
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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

6025.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Maggie's List

Full Name (Last, First, Middle Initial)

**A. Wilson for Senate**

Mailing Address P.O. Box 10248

City	State	Zip Code
Albuquerque	NM	87184

Purpose of Disbursement  
Cliff Leonard

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NM	District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2012

Transaction ID : SB23.6062

Amount of Each Disbursement this Period

25.00
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Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

25.00
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16075.00
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